



Application or Docket Number

| Effective December 8, 2004 | | | | | | | | 040894-7145 | | | |
|--|--|--|----------------|--|----------------------------|-------------------------------------|---|------------------------|-------------|---|-----------------|
| CLAIMS AS FILED - PART I (Cotumn 1) (Cotumn 2) | | | | | | | SMALL EN TYPE | TITY | OR | OTHER SMALL | |
| U.S | 3. ŅATIONAL | L STAGE FEES | | | | | RATE | FEE | 1 | RATE | FEE |
| BA: | SIC FEE | | SMALL ENT. | i. = \$ 150 | LARC | GE ENT. = \$ 300 | BASIC FEE | | OR | BASIC FEE | 300 |
| EXAMINATION FEE | | | | Satisfies PCT Article 33(1)- (4) = \$50/\$100 | | ther situations = 1 100 / \$ 200 | EXAM. FEE | † | 1 | EXAM. FEE | 200 |
| SEARCH FEE | | | ALL other cou | U.S. is ISA = \$50/\$100 ALL other countries = \$200/\$400 | | ther situations = 3 250 / \$ 500 | SEARCH FEE | | 1 | SEARCH FEE | 40 |
| FEE | E FOR EXTRA | SPEC. PGS. | min | nus 100 = | | / 50 = | X \$ 125 = | | 1 | X \$ 250 = | 1 |
| TO1 | TAL CHARGEA | BLE CLAIMS | S mi | inus 20 = | • | | X \$ 25 = | | OR | X \$ 50 = | 1 |
| IND | EPENDENT CI | LAIMS | 2 " | ninus 3 = | • | · | X \$ 100 = | | OR | X \$ 200 = | |
| MUI | TIPLE DEPEN | NDENT CLAIM PRI | ESENT | | | | +\$ 180 = | 1 | OR | + \$ 360 = | |
| • If | the differenc | ce in column 1 is I | less than zerr | o, enter "C |)" in ∞ | lumn 2 | TOTAL | | OR | TOTAL | 4,00 |
| AMENDMENT A | Total Independent | CLAIMS AS A (Column 1) CLAIMS REMAINING AFTER AMENDMENT * SENTATION OF MI | Minus Minus | (Columnia Highing Highing PREVIO PAID F | EST BER DUSLY FOR | (Column 3) PRESENT EXTRA = 20 | SMALL E RATE X \$ 25 = X \$ 100 = + \$ 180 = TOTAL ADDIT. FEE | ADDI- TIONAL FEE | OR OR OR OR | OTHER SMALL: E RATE X \$ 50 = X \$ 200 = + \$ 360 = TOTAL ADDIT. FEE | |
| 8 | · . | (Column 1) CLAIMS REMAINING | | (Colum HIGHE NUMB | EST BER | (Column 3) | RATE | ADDI- TIONAL | | RATE | ADDI- TIONAL |
| ⊢ l | | AFTER AMENDMENT | | PREVIOU PAID F | | EXTRA | | FEE | | KAIE | FEE |
| AMENDMEN | Total | + | Minus | | | 2 | X \$ 25 = | | OR | X \$ 50 = | |
| ₩ | Independent | <u> </u> | Minus | *** | | • | X \$ 100 = | | OR | X \$ 200 = | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | + \$ 180 = | | OR | + \$ 360 = | |
| | | | | | | | TOTAL ADDIT. | | OR | TOTAL ADDIT. | |

If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

^{**} If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20".

If the "Highest Number Previously Paid For" IN THIS SPACE is less than "3", enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.